UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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U COMB APPR	OVAL								
OMB Number	3235-0076								
Expires: N	May 31, 2002								
Estimated average l	burden								
hours per response	1,00								
SEC USE (ONLY								
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Name of Offering () check if this is an amendment and name has changed, and indicate change.)											
Oakley Networks, Inc. – Series A Preferred Stock											
iling Under (Check box(es) that apply):											
ype of Filing: X New Filing Amendment											
A: BASICIDENTIFICATION DATA*											
Enter the information requested about the issuer	_										
lame of Issuer (check if this is an amendment and name has changed, and indicate change.)											
Oakley Networks, Inc.											
ddress of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)											
755 East Cottonwood Parkway, Suite 600, Salt Lake City, Utah 84121 (801) 983-0700											
ddress of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)											
f different from Executive Offices)											
rief Description of Business PROCESSED											
oftware development. AUG 09 2004 THOMSON	>										
ype of Business Organization											
X corporation											
Actual or Estimated Date of Incorporation or Organization: Month Year											

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6/99)

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Each executive officer and director of corporate issuers and	l of corporat	te general and manag	ing partners	of partnership	issuers; and	i
Each general and managing partner of partnership issuers.						
theck Box(es) that Apply: Promoter X Beneficial C)wner X	Executive Officer	Х	Director		General and/or Managing Partner
ull Name (Last name first, if individual)						
Smith, Derek						
susiness or Residence Address (Number and Street, City, State, Z	• ,					
'755 East Cottonwood Parkway, Suite 600, Salt I						
Check Box(es) that Apply: Promoter X Beneficial O	wner X	Executive Officer	X	Director	Ц	General and/or Managing Partner
ull Name (Last name first, if individual)						
Price, Taft						
Business or Residence Address (Number and Street, City, State, Zi	ip Code)					
2755 East Cottonwood Parkway, Suite 600, Salt L						
Check Box(es) that Apply: Promoter X Beneficial O	wner [Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, if individual)				 		
Schlein, Ted						
Business or Residence Address (Number and Street, City, State, Zi	p Code)					
2750 Sand Hill Road, Menlo Park, California 9402						
Check Box(es) that Apply: Promoter X Beneficial O	wner _	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)					·	
Cardiff Ventures, LLC						
Business or Residence Address (Number and Street, City, State, Zi	p Code)			-		
2749 East Parleys Way #300, Salt Lake City, Utah						
Check Box(es) that Apply: Promoter X Beneficial O	wner 🗌	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)						
KPCB Holdings, Inc.						
Business or Residence Address (Number and Street, City, State, Zij	p Code)	•				
2750 Sand Hill Road, Menlo Park, California 9402						
Check Box(es) that Apply:	vner [Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)						
Fidelity Ventures III Limited Partnership			<u>.</u>			
Business or Residence Address (Number and Street, City, State, Zip	code)					
32 Devonshire Street E16B, Boston, Massachusett			·		·	
Check Box(es) that Apply: Promoter Beneficial Ov	vner	Executive Officer		Director		General and/or Managing Partner
full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip	Code)					
(Use blank sheet, or copy ar		-	eet, as neces	sary)		
	2 01	f 8				

Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Each promoter of the issuer, if the issuer has been organized within the past five years;

•	•		•		been organized within	•	•				
•	Each beneficial or	wner havi	ing the powe	r to v	ote or dispose, or dire	ct the	vote or disposition of, 1	10% or m	ore of a class o	f equity se	ecurities of the issuer
•	Each executive of	ficer and	director of c	orpor	ate issuers and of corp	porate	general and managing p	partners o	of partnership is	ssuers; and	i
•	Each general and	managing	g partner of p	oartne	rship issuers.						
heck	Box(es) that Appl	y: 🗌	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
ull N	lame (Last name fir	rst, if indi	vidual)								
3usin	ess or Residence A	ddress (N	umber and S	Street,	City, State, Zip Code	;)					
Check	Box(es) that Appl	y: 🔲	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
ull N	lame (Last name fir	st, if indi	vidual)		······································						
3usin	ess or Residence A	ddress (N	umber and S	Street,	City, State, Zip Code	:)					
Check	Box(es) that Appl	y: 🔲	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
ull N	ame (Last name fir	st, if indi	vidual)		 						
Busine	ess or Residence Ac	ddress (N	umber and S	street,	City, State, Zip Code)					
Check	Box(es) that Apply	y: 🔲	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
ull N	ame (Last name fir	st, if indi	vidual)								
Busine	ess or Residence Ac	ldress (N	umber and S	treet,	City, State, Zip Code)					
Check	Box(es) that Apply	/: D	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
ull N	ame (Last name fire	st, if indi	vidual)								
usine	ess or Residence Ad	ldress (N	umber and S	treet,	City, State, Zip Code))				·	
heck	Box(es) that Apply	r: 🔲	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
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usine	ss or Residence Ad	ldress (N	umber and S	treet,	City, State, Zip Code))			 		
heck	Box(es) that Apply	": 🔲	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
ull Na	ame (Last name firs	st, if indiv	vidual)								
usine	ss or Residence Ad	dress (Ni	imber and S	treet, (City, State, Zip Code)				·		
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Enter the information requested for the following:

1.	Has	the issu	er sol	ld, or d	oes th	ie issuei	r inte	end to se	ell, to	non-ac	credit	ed inve	esto	rs in this	offer	ing?				•••••			Ē	
						Answe	er als	so in Ap	pendi	x, Colu	ımn 2,	if filit	ng u	nder UL	OE									
2.	Wha	t is the	minin	num in	vestn	nent tha	t wil	l be acc	epted	from a	ny ind	lividua	al?	•••••			•••••				••••	\$	_11	2,314
3.	Does	the off	fering	permit	joint	owners	ship	of a sin	gle un	it?		•••••	•••••		•••••		•••••						Ϋ́	
4.	simil an as broke the ir	ar remussociate er or de nformat	inerated per aler. ion fo	ion for son or If more or that l	solic agen e thar broke	itation of t of a b i five (5 r or dea	of pu roke) per	rchaser or dearsons to	s in co aler re	onnecti egistere	on wi	th sale: h the S	s of SEC	or given securitie and/or v ons of su	s in t with	he offe a state	ring. or sta	If a per ites, list	son to	be list	ed is f the			
Busines	s or R	esidenc	e Ado	dress (1	Vumb	er and S	Stree	t, City,	State,	Zip Co	ode)													
Name o	f Asso	ciated l	Broke	r or De	ealer		· <u>·</u>								<u> </u>									
States in	. Whic	h Perso	on Lis	sted Ha	s Sol	icited or	Inte	ends to S	Solici	t Purch	asers													
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[RI]		[SC]		[SD]		[TN]] [TX]		[UT]		[VT]		[VA]		[WA]		[WV]		[WI]		[WY]		[PR]
Full Nar																								
Busines	s or Re	esidenc	e Add	iress (N	lumb	er and S	Stree	t, City, S	State,	Zip Co	de)													
Name of	Asso	ciated I	Broke	r or De	aler			•					· ·	······································						.				
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Business	or Re	sidence	e Add	ress (N	iumbe	er and S	treet	, City, S	State,	Zip Co	de)													
Name of	Assoc	ciated E	Broker	r or Dea	aler													<u>`</u>						
States in													•											
(Check "	All St	ates" or	r chec	k indiv [AZ]	idual	States) [AR]				[CO]		(CT)				[DC]		(FL)		[GA]		(HII]		States [ID]
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Type of Security	Aggregate Offering Price	Amount Already Solo
Debt	\$	\$
Equity	\$ 16,799,993	\$ 16,799,993
Common X Preferred		
Convertible Securities (including warrants)	included w/ \$ equity	included \$_w/ equity
Partnership Interests		
Other (Specify)	\$	\$
Total		\$ 16,799,993
Answer also in Appendix, Column 3, if filing under ULOE.		
Enter the number of accredited and non-accredited investors who have purchased securand the aggregate dollar amounts of their purchases. For offerings under Rule 504, incorpersons who have purchased securities and the aggregate dollar amount of their purchase Enter "0" if answer is "none" or "zero."	dicate the number of	Aggregate Dollar Amount of Purchases
Accredited Investors	3	\$_16,799,993
Non-Accredited Investors		\$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
If this filing is for an offering under Rule 504 or 505, enter the information requested for by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior securities in this offering. Classify securities by type listed in Part C - Question 1.	or to the first sale of	
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$
a. Furnish a statement of all expenses in connection with the issuance and distribution this offering. Exclude amounts relating solely to organization expenses of the issuer. The given as subject to future contingencies. If the amount of an expenditure is not known estimate and check the box to the left of the estimate.	The information may	
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$
Legal Fees	x	\$ 150,000
Accounting Fees	x	\$_10,000
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify)		\$
Total	X	\$ 160,000

Question 1 and total expenses furnished in	response to Part C - Question 4.a. This difference is					\$	16,639,993
used for each of the purposes shown. If estimate and check the box to the left of	d gross proceeds to the issuer used or proposed to be the amount for any purpose is not known, furnish an the estimate. The total of the payments listed must issuer set forth in response to Part C – Question 4.b						
				Payment to Officers, Directors, & Affiliates			yments to Others
Salaries and fees			\$			\$	
Purchase of real estate			\$			\$	
Purchase, rental or leasing and installation	of machinery and equipment		\$			\$	
Acquisition of other businesses (including	and facilitiesthe value of securities involved in this offering s or securities of another issuer pursuant to a		\$			\$	
• ,			\$		_ 🗆	\$	
• •			\$		_ 🗆	\$	
Working capital			\$		_ X	\$	2,139,996
Other (specify): Redemption of certain	outstanding shares of Series A-1 Preferred Stock			14,499,997			
of Oakley Networks, Inc.							
			\$. 🗆	\$.	
			\$	14,499,997	. Х	•	2,139,996
Total Payments Listed (column totals adde	d)			X \$	16,639,	993	
The state of the s	D FEDERAL SIGNATURE	. 744	44	ar e	3 * - 4		V
The issuer has duly caused this notice to be sig constitutes an undertaking by the issuer to furn by the issuer to any non-accredited investor pu	ned by the undersigned duly authorized person. If this ish to the U.S. Securities and Exchange Commission, ursuant to paragraph (b)(2) of Rule 502.	notice pon w	is f	iled under Rule 505 n request of its staf	, the follo f, the info	wing rmat	g signature ion furnished
Issuer (Print or Type)	Signature ///	Da	te				
Oakley Networks, Inc.		U	N	4 28,2	004		
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
Derek Smith	Chief Executive Officer						
,							
	ATTENTION						

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

			Yes	No								
	Is any party described in 17 CFR 230.262 presently subj	ect to any of the disqualification provisions of such rule?		X								
	See Append	dix, Column 5, for state response.										
	The undersigned issuer hereby undertakes to furnish to a (17 CFR 239.500) at such times as required by state law	any state administrator of any state in which this notice is filed, a notice of	on Form D									
;.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.											
1.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.											
	issuer has read this notification and knows the contents to orized person.	o be true and has duly caused this notice to be signed on its behalf by the	undersigned duly	,								
Issu	er (Print or Type)	Signature	Date									
Oa	kley Networks, Inc.	J. C.	Date JULY 28,	2004								
Nan	ne (Print or Type)	Title (Print or Type)										
De	rek Smith	Chief Executive Officer										

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	T	2	3	T	 	4		T	5
1	Intend To non-a investor	d to sell accredited rs in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification Under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
				Number of	T	C-Item 2) Number of			
Stata	Yes	No	}	Accredited Investors	Amount	Non-Accredited Investors	Amount	N	N-
State	les	140	<u> </u>	Investors	Amount	Tilvestors	Amount	Yes	No
AL		 				 		<u> </u>	
AK									
AZ	[<u> </u>	<u> </u>			<u> </u>			
AR		ļ		 	 	ļ			
CA		X	Series A	1	\$12,799,999	0			X
СО						 			
<u>CT</u>						ļ			
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DC			·						
FL						<u> </u>			
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MA		X	Series A	2	\$3,999,994	0			<u>x</u>
MI									
MN									
MS									
мо	<u>, , , , , , , </u>								

1	Intend	2 i to sell accredited	3 Type of security and aggregate offering price		5 Disqualification Under State ULOE (if yes, attach explanation of					
!	investor	s in State I-Item 1)	offered in state (Part C-Item 1)		amount pure	nvestor and chased in State C-Item 2)		waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Number of Number of Accredited Non-Accredited					
MT										
NE										
NV						ļ				
NH										
NJ										
NM					ļ					
NY										
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